

## **Yakima County Health Care Coalition Membership**

- ❖ Public Health
- ❖ Hospitals
- ❖ Long Term Care
- ❖ Community Health Centers
- ❖ Dental Society
- ❖ Medical Society
- ❖ DSHS
- ❖ Mental Health Agencies
- ❖ Senator Maria Cantwell
- ❖ Physical Therapy Association
- ❖ Pharmacy Association
- ❖ Yakima County Commissioners
- ❖ Chemical Dependency Services
- ❖ Representative Mary Skinner
- ❖ Congressman Doc Hastings

**Yakima County Health Care Coalition**  
**Members' Response to Proposed Medicaid Waiver**

The Yakima County Health Care Coalition represents more than 30 of the Valley's private and public health care providers and elected officials. The Coalition's mission is to advocate for the Health Care Needs of the People of Yakima County. Our Priority is to assure services are available to the disproportionate share of the state's Medicaid population living in Yakima County.

The Coalition understands our state is confronting real budget issues. We want to assure any reduction in health coverage will truly result in needed cost savings. We request from DSHS information showing the cost-benefit of any proposed program reductions. Such analyses must take into account the costs of delayed care, as well as the costs of uncompensated care to physicians and hospitals. The impact of delayed care and increased use of hospital emergency rooms are essential to understanding the real costs of these proposals. Simply shifting the costs from the state to providers is not acceptable.

**Enrollment Caps:** The Coalition strongly **opposes** enrollment caps. Studies nationally have shown uninsured families delay needed health care, and resort to hospital emergency rooms for treatment, which results in costly (financial and human) consequences to low-income people and communities.

**Premiums:** The Coalition **opposes** premiums. Medicaid-eligible families should not be forced to choose between basic needs of food, rent and health coverage. The collection of premiums will involve new administrative costs to DSHS. What are these costs? Will they be more or less than the collected premiums? Will only those families with identified medical conditions pay these premiums, resulting in higher costs to the state? What will be the savings to the state?

**Co-Pays:** The Coalition **supports** reasonable co-pays for targeted medical services and non-generic prescription drugs (where generic drugs are available). The Coalition **opposes** co-pays for emergency department services as the costs will simply be shifted to hospitals. The Coalition is aware of the need to reduce costs for use of emergency department services and supports a dialogue to find other solutions.

**Benefit Re-Design:** The Coalition **may support** a limited re-design of benefits, but before taking such a drastic measure, we request to see the cost-savings effect of such an effort. Primary care providers do not prescribe ancillary and specialty services for patients unless these services are medically necessary - medically necessary services the patients may likely resist if no longer covered by Medicaid. Any reduction to these benefits must present a considerable savings to the state. Preventive services should be available to all Medicaid patients, since they consistently demonstrate cost-effectiveness.

In the event of any benefit re-design, the Coalition recommends only one limited benefit package for all optional Medicaid categories, in order to minimize the administrative burden on health care providers trying to decipher covered services for Medicaid recipients.

**Use of Unspent SCHIP Funds:** The Coalition **supports** the goal of obtaining funds from the unspent CHIP allotment for the purposes of funding coverage for parents of Medicaid and CHIP children. This should be pursued independent the proposed waiver.

**ALTERNATIVE TO ENROLLMENT CAPS, PREMIUMS, AND BENEFIT REDUCTIONS:** The Coalition recommends, **in lieu of the above reductions**, reducing the income eligibility for Medicaid coverage. This would continue the effort toward comprehensive health care access to our most at-risk families, and prevent new administrative burdens on both DSHS and community providers. We request to see projections of cost-savings to the state, by reducing eligibility to optional client groups.